U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 8406	2. Fiscal Year Covered From:			
	1 / 1 / 2004 Through: 12 / 31 / 2004			
3. Name and address of person filing.	Name, file number, and address of labor organization.			
Name Frank J Triebl	Name Plumbers Union Local 690			
	Labor Organization File Number 034-585			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 2791 Southampton Rd.	Street 2791 Southampton Rd.			
City Philadelphia	City Philadelphia			
State Pennsylvania ZIP Code + 4 19154	State Pennsylvania ZIP Code + 4 19154			
5. Position in labor organization. Recording Secretary				
Enter appropriate data below if, during the past fiscal year, you or your spot (except as specified in the exclusion).  A. Held an interest in, engaged in transactions (including loans) with, or a monetary value from an employer whose employees your organization.	sions set forth in the instructions):			
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street	7.b. Amount.			
	processing			
City				
State ZIP Code + 4				
Signature				
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)				
Signed Frank J. Triebl	On 8/8/05 215-677-6900 Telephone Number			

Name of Person Filing Frank Triebl "	File Number <b>U</b> -		
B. Held an interest in or derived income or economic benefit with monetary vasubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business ively seeking to represent, or directly to, or otherwise		
8. Name and address of Business (including trade name, if any).  Name Plu. Local 690 Apprenticeship Training Fund  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 2791 Southampton Road  City Philadelphia  State Pennsylvania ZIP Code + 4 19154	9. Business deals with:     X   a. Labor Organization     b. Trust     c. Employer		
Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	11.a. Nature of such dealing.  Apprentice Fund receives contributions on behalf of covered employees and provides training to Journeymen and Apprentice Plumbers.  11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.  2004 Instructor Salary and Benefits		
	12.b. Amount. \$144,483		
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above)		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	14.a. Nature of payment.		
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.		

Name of Person Filing Frank	Triebl	File Number U-
		4

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
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Name Plu. Local 690 Apprenticeship Training Fund	a. Labor Organization	
Trade Name, if any:		
P.O. Box, Bidg., Room No., if any	b. Trust	
Street 2791 Southampton Road	c. Employer	
City Philadelphia		
State Pennsylvania ZIP Code + 4 19154		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Trade Name, if any:	Apprentice Fund receives contributions on beha covered employees and provides training to Journeymen and Apprentice Plumbers.	
P.O. Box, Bldg., Room No., if any		AMERICANATATA
Street	The state of the s	777742000000
City		A Company of the Comp
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	
	Reimbursement for hotel, meals and associated with attendance at Bi-A Pennsylvania Apprentice Coordinato Conference	nnual
	12.b. Amount.	\$790

Name of Person Filing Frank	Triebl	File Number U-

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (includ	ling trade name, if any).	9. Business deals with:	
Name Plu. Local 690 Apprent:  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	iceship Training Fund	a. Labor Organization b. Trust c. Employer	
Street 2791 Southampton Road	27669544  label means of sound cross a corresponding content of the content of the corresponding	C. Linpoyo.	
City Philadelphia			
State Pennsylvania	ZIP Code + 4 19154		
10. If 9.b. or 9.c. is checked give trust or emp	oloyer's name.	11.a. Nature of such dealing.	etilaan mitalaan kanan marana marana kan kanan kan
Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City		Apprentice Fund receives contribut covered employees and provides tra Journeymen and Apprentice Plumbers	ining to
	ZIP Code + 4	11.b. Approximate dollar value of such dealing.	
		12.a. Nature of interest held or income received.	man carp actions commission with conductory to order to conduct the man from the man free and conductory and the Children (All C
		Reimbursement for hotel, meals and associated with attendance at Bi-A Pennsylvania Apprentice Coordinato Conference	nnual
		12.b. Amount.	\$770

Name of Person Filing Frank	Triebl	 File Number <b>U</b> -	
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## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Plu. Local 690 Apprenticeship Training Fund  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 2791 Southampton Road  City Philadelphia  State Pennsylvania  ZIP Code + 4 19154	a. Labor Organization  b. Trust  c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City	Apprentice Fund receives contribut covered employees and provides traduurneymen and Apprentice Plumbers	ining to
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	
	Reimbursement for hotel, meals and associated with attendance at Plumb Cooling Contractors Association	
	12.b. Amount.	\$165